

ESTATE PLANNING INFORMATION

PART I | GENERAL INFORMATION

Name: _____
Address: _____
Telephone: (_____) _____ Email: _____

GENERAL INFORMATION CONCERNING YOUR SPOUSE *(if applicable)*

Name: _____
Address: _____
Telephone: (_____) _____ Email: _____

I prefer to have my draft documents sent to me via: Email Mail

PART II | GENERAL INFORMATION – CHILDREN *(if applicable)*

Full Name	Gender	Date of Birth
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

PART III | GENERAL INFORMATION RELATING TO WILLS AND TRUSTS

Do you have a prenuptial agreement? Yes No

EXECUTOR

Name of Executor(s): _____ City and State of Executor: _____
Alternate(s): _____ City and State of Alternate: _____

For Spouse *(if applicable)*:

Name of Executor(s): _____ City and State of Executor: _____
Alternate(s): _____ City and State of Alternate: _____

CHILDREN'S TRUST

Do you want a trust set up for your children? Yes No *(If No, please skip to Part IV below)*

Typically, spouses want all their assets to go to the surviving spouse, and if the surviving spouse predeceases or disclaims their inheritance, then the assets will go into a children's trust. Is this how you wish for your assets to be disbursed?

Yes No *(If No, please provide details in Part VI, below)*

Distribution Method *(select one)*:

- When each child reaches age _____, distribute entire share
- When each child reaches ages _____ and _____, distribute in two equal installments
- When each child reaches ages _____ and _____ and _____, distribute in three equal installments

TRUSTEE

If you desire to have a trust, you will need to select a Trustee of that trust.

Name of Trustee(s): _____ City and State of Trustee: _____

Alternate(s): _____ City and State of Alternate: _____

For Spouse (if applicable):

Name of Trustee(s): _____ City and State of Trustee: _____

Alternate(s): _____ City and State of Alternate: _____

PART IV | GUARDIAN FOR MINOR CHILDREN (if applicable)

GUARDIAN

Name of Guardian(s): _____ City and State of Guardian: _____

Alternate(s): _____ City and State of Alternate: _____

PART V | POWERS OF ATTORNEY (POA)

FINANCIAL POWER OF ATTORNEY

Name of Financial POA: _____ City and State of POA: _____

Alternate(s) Financial POA: _____ City and State of Alternate: _____

When do you want the **Financial Power of Attorney to go into effect**? Upon Disability Immediately

For Spouse (if applicable):

Name of Financial POA: _____ City and State of POA: _____

Alternate(s) Financial POA: _____ City and State of Alternate: _____

When does **your spouse** want the **Financial Power of Attorney to go into effect**? Upon Disability Immediately

COMBINED LIVING WILL AND POWER OF ATTORNEY REGARDING HEALTH CARE DECISIONS

Name of Health Care POA: _____ City and State of POA: _____

Alternate(s) Health Care POA: _____ City and State of Alternate: _____

For Spouse (if applicable):

Name of Health Care POA: _____ City and State of POA: _____

Alternate(s) Health Care POA: _____ City and State of Alternate: _____

PART VI | BENEFICIARY INFORMATION

Disaster Clause (in the event no beneficiaries survive):

Do you want your estate to go to your heirs at law? Yes No

Do you want one-half of your estate to go to each spouse's heirs at law? Yes No

Other: _____

Any additional information regarding distributions, concerns, or questions can be written here: _____
